## Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: The University of Health Sciences  Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):	
Name of Agent Designated to Notification of Claimed Infrin	
or similar designation is not acceptable	gent to which Notification Should be Sent (a P.O. Box except where it is the only address that can be used in the geographic the Library, The University of Health Sciences, 1750 ity, MO 64106-1453
Telephone Number of Designa	ated Agent: (816) 283-2295
Facsimile Number of Designa	ted Agent: (816) 283-2237
Email Address of Designated	Agent: mdegeus@uhs.edu
Signatur 600	ne Designating Service Provider: Date: 9/29/03
Typed or Printed Name and Tit Affairs/Dean	le: Sandra K. Willsie, , D.O., Vice President for Academic

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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